Riverside Police Department CA0331300

Riverside Police Department - Supplemental Report

SUPPLEMENTAL REPORT

Date Prepared: 12-31-13

Original File No.	2	3. Off. ID	4. NPC	5. Crime-Ct.	6. Crime-C	t.	7. Crime-Ci		8. Date / Tim	e Occurred		9. Day	
P13-186428		1613	C						12-31-1	13 / 11:	33	3	<u>;</u>
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11. Date / Time Inv. Sta		İ	/ Time Inv. Term.		13. Type (Clr.	14. Type	Cont.	15. Additional Adults Arr	1 r	6. Addition	nal
12 .13 / 1135	12-31-13 /	1143	12	2-31-13 / 12	30				<u>, </u>		0		0
17. Address of Occurrence (Street No									18. Type of				
3860 Van Buren, Riversio									Public	Park			
For ID USE: V = Victim, I = Info 19. ID: 20. Last Name - First - Middle						•	0	*	lo4 D		Teo 80		
19. ID: 20. Last Name - First - Middle (Firm Name if Business) 21. Race - Sex. 2											22. DOI	3	
23. Residence Address			24 Busin	ess or School Addre	SS.		~~	- A	25. Home F	-	26. Bus	Phone	
					-		>		20. TIOMOT	Tione I	1	. T HOHE	
27. ID: 28. Last Name - First - Middle (Firm Name if Business) 29. Race - Sex 30.1													
O2 Majarrec, Emelda	,	,							Н	F		,e. 565	
31. Residence Address			32. Busin	32. Business or School Address					33. Home F	Phone	34. Bus	34. Bus. Phone	
								- Silva					
S 35. Last Name - First - Middle			36. Race	36. Race - Sex 37. Age 38. Ht			39 Wt. 40. Hr. 41. Eyes			42. DOB or ID		43. Arrested	
U S			-		l Asaa l						Yes [No	
P 44. Address - Clothing - Other M	larks or Identifying Cha	racteristics		7.7			*0	60					
C T				(
45. Juv: Other () 2 Disp: Juris.	Juv. Ct. Prob.	(₂)	Within Dept.)	6 De	tained	() 1	Not Deta	ined ()	2
S 46. Last Name - First - Middle U		- o	47. Race	- Sex 48 Age	49. Ht. 50). Wt. 5	1. Hr. 52.	Eyes	53. DOB or I	D	54. Arre	sted	
S P		4/2				9					Yes [No	
E 55. Address - Clothing - Other M	larks or Identifying Cha	racteristics		3									
56. Juv: Other ()	Juv. Ct.	<i>-</i>) 5	Within)	6 De	tained	() 1	Not Deta	ained (1	2
Disp: Juris. /	l Prob.	INALLY RE	PORTED DO	Dept. DLLAR VALUES A	RE CHANC			ELOW.	, ,				
Currency Jewel	lay Clath		Office	T.V R	adio		1		Consum			1	
Cat. A Notes B Prec			E Equip.	F Camera		rearms	H Good	ehold Is	Consum. Goods	J Liv	estock	K Misc	
PS \$	\$		\$	\$	\$		\$		\$	\$		\$	
PR \$	\$		\$	\$	\$		\$		\$	\$		\$	
60. Originally Reported Offenses (Code	VOA. 200			61. Origina	61. Original Offenses Changed to (Code - Crime)						Stolen Auto	ACD.	
(1) (364/187 PE-A)	TEMPT Mai	P.O.	(1) 664/187 PC - Attempt Murder of P						59.	Value Recovere Auto			
(2)				(2)								A2 porting Off	icer
62. Narrative of Supplemental Report	62a. Audio Re	•		62b. Incident Numb								Allison	
On 12-31-13, about 113	<u>5 hours, partne</u>	<u>ər Ofc. H</u>	<u>lammer a</u>	ind I respond	ied to a	call of	shots f	ired wi	ith office	ers	1	eview (у
involved at Arlington Par	k located at 38	360 Arlin	gton. Upo	on arrival, Of	c. Hamı	mer an	d I ass	isted w	vith putti	ing up	2	OPIES TO	
crime scene tape for an	inner and oute	er perime	eter. After	finishing wit	h the pe	rimete	er tape,	we co	nducted	a	ļ		
canvas of residences on	Hayes to ider	ntify poss	sible witne	esses of the	OIS. We	e atten	npted to	conta	ct occu	pants			
at 3904 Van Buren, 9529	Hayes and 9	539 Hay	es, but th	ere was no a	answer a	at the i	residen	ces. W	/e conta	ected			
O1/Preciadopena at	He c	did not se	ee anythir	ng but heard	popping	noise	s from	the pa	rk. We		VCLO	(ACTIONS)
contacted O2/Majarrec a	at	She did	l not see	anything but	heard w	vhat sc	nunded	like fir	eworks	We	APB Sent		
											APB Can		
c cted O3/Madokoro	at	She d	id not see	e or hear any	thing. A	fter ca	nvassir	ng the	area we) 	APR Sen		
cleared the scene. NFI.									DOJ - NCI	С			
												ENTERED	
											SIATS	ARBK	ANI
												1	1

RIVERSIDE POLICE DEPT. INITIAL REPORT ADDITIONAL CONTACTS

PAGE NO: 2

FILE NO. P13-186428

DATE	TYPE OF REPORT REPORTING OFF										CER					
. 12 -31-13					OIS					Allison	l i					
-CONTACT INFORMATION-																
FOR CODE USE V- Victim W- Witness DC- Discovered Crime RP- Reporting Party P- Parent O- Other																
Code								Res	idence Address			A	Res. Phone			
O3	Madokoro, Takie												19519.			
Sex/Race	He	eight	Weight			1 - 1.	D.O.B.		Business Address					Bus. Phone		
				BRO Management			j Det			imo I	Noture of investor					
If treated for injuries, by whom?								u, where?			Date/T	ine /	Nature of injuries			
L	icense l	Number	Ţ	State	Co	olor (Top/Bo	ottom)	Year	1	Make/Model/Type	6.4	How was the vehicle	e involved?	Veh. Stored?		
Veh Info												4		Yes No		
Code Name (Last, First, Middle)									Res	idence Address			<u> </u>	Res. Phone		
Sex/Race /	He	eight	Weight	t Hai	ir	Eyes	D.O.B.		Bus	iness Address		5.4		Bus. Phone		
If treated for in	If treated for injuries, by whom?						If hospitalized, where?			Dat		ime	Nature of injuries			
	_icense l	Number		State	Co	olor (Top/B	ottom)	Year		Make/Model/Type	No. Oak	How was the vehicle	involved?	Veh. Stored?		
Veh Info	1	Name /Les	t First	Middle					Pos	idence Address			*	Res. Phone		
	Code Name (Last, First, Middle)								*	sidence Address						
Sex/Race /	H	eight	Weigh	t Ha	ir	Eyes	D.O.B.		Bus	iness Address	(Bus. Phone		
If treated for injuries, by whom? If hospitalized, where? Date/Time Nature of injuries																
Veh Info	License	Number		State	Co	olor (Top/B	ottom)	Year		Make/Model/Type		How was the vehicle	e involved?	Veh. Stored? Yes No		
Codpasson Name (Last, First, Middle)									Res	sidence Address	Res. Phone					
Sex/Race	ex/Race Height Weight Hair Eyes D					D. O.B. Business Address							Bus. Phone			
If treated for injuries, by whom?							If hospitalize	d, where?	Date/Time Nature of in				Nature of injuries			
	License	Number	V I	State	C	olor (Top/B	ottom)	Year		Make/Model/Type		How was the vehicle	e involved?	Veh. Stored?		
Veh Info	- 4			14:11:				%						Yes No		
Code Name (Last, First, Middle)				*			Res	sidence Address				Res. Phone				
Sex/Race	Sex/Race Height Weight Hair Eyes					Eyes	D.O.B.		Business Address					Bus. Phone		
If treated for i	<u> </u>	by whom?	1		A		If hospitalize	d, where?	l		Date/1	Гime	Nature of injuries	.1		
					1											
	License	Number	9	State	c	olor (Top/B	ottom)	Year		Make/Model/Type		How was the vehicle	e involved?	Veh. Stored?		
Veh Info	-	Name (Le	et Eirot	Middle	-0x69*			<u> </u>	Rad	sidence Address				Yes No Res. Phone		
Code	Name (Last, First, Middle)						1,65	side ind Addi 633			Thomas and the second s					
Sex/Race	H	leight	Weigh	nt Ha	air	Eyes	D.O.B.		Bus	siness Address				Bus. Phone		
If treated for injuries, by whom? If hospitalized, where							If hospitalize	d, where?	>		Date/1	Time /	Nature of injuries	.1		
Veh Info	License	Number		State	С	olor (Top/B	lottom)	Year		Make/Model/Type		How was the vehicle	e involved?	Veh. Stored? Yes No		
Code Name (Last, First, Middle)								·	Res	sidence Address	Res. Phone					
Sex/Race	 H	Height Weight Hair Eyes D.O.B.					Business Address					Bus. Phone				
	/ If treated for injuries, by whom?					If hospitalized, where			?		Date/	Time	Nature of injuries	uries		
<u> </u>	License Number State				16	Color (Top/Bottom) Year		Year	Make/Model/Type		L	How was the vehicle	e involved?	Veh. Stored?		
Veh Info	-ICEI 198	TACHIDE		State		Join (Topic		. 541				The state of the s		Yes No		